

THE MEDICAL NEWS AND LIBRARY.

VOL. III.

SEPTEMBER, 1845.

No. 33.

CONTENTS.

CLINICS.		Hampden Sidney College, - - - -	69
Clinical Lectures on Medicine. By Robert J. Graves, - - - -	65	New Books, - - - -	69
SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.		Foreign Intelligence.—Contagion of Typhoid Fever, - - - -	70
Illustration of Quackery, - - - -	68	Epidemic among Children, - - - -	70
The Secrets of Homœopathy—Hahnemann and his System. - - - -	69	Vascularity of Tubercle, - - - -	70
MEDICAL NEWS.		Autoplastic Operations in Cancerous Disease, - - - -	70
Domestic Intelligence.—Treatment of the Insane, - - - -	69	Marsh Miasma, - - - -	70
		Esophagotomy, - - - -	71
		Splanchnic System of Nerves, - - - -	72
BRODIE'S LECTURES, - - - -			

TWENTY-FOUR PAGES.

CLINICS.

Clinical Lectures on Medicine, delivered at the Meath Hospital, Dublin. By ROBERT J. GRAVES, M. D., M. R. I. A., &c.

Let me now direct your attention to the case of Margaret Lauder, who was admitted a few days ago, for suppression of the catamenia, with obstinate vomiting and persistent gastrodynia. This woman, who is of slender make and rather delicate constitution, has been complaining, more or less, for the last four years, during the greater part of which she has been subject to pain in the stomach, nausea, and vomiting.—About five months ago, a new feature was added to her disease; the catamenia became suppressed, and have not appeared since. The attack of vomiting comes on every third or fourth day, sometimes oftener, and is preceded by pain in the region of the stomach, darting across the epigastrium and towards the left shoulder. The fluid ejected from the stomach, which is extremely sour, and as she states, "sets her teeth on edge," is of various colours; green, yellow, gray, or

whitish, but never black. There is no remarkable epigastric tenderness, and she finds that during a paroxysm, the violence of the pain is diminished by pressure.

The first question that suggests itself with respect to the nature of this case is, does this long-continued, obstinate, frequently-recurring pain of the stomach, nausea, and vomiting, depend on organic disease, or is it the result of mere functional derangement? This is a most important question, and one which you will frequently have occasion to put to yourselves in practice. You will be often consulted in such cases; your examinations will be watched by the patients and their friends with close and painful attention, and your decision awaited with all the intense anxiety of minds haunted by the idea of scirrhus. You cannot, gentlemen, be too deeply impressed with the importance attached to such decisions, nor can you apply yourselves too assiduously to the difficult task of making a distinction between organic disease and functional disorder. I am sure I do not exaggerate when I say, that as many professional reputations have been

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, and sent GRATUITOUSLY to all subscribers of the American Journal of the Medical Sciences, who remit the annual subscription, Five Dollars, in advance. See Prospectus in full on the Supplement to the Number for February.

In no case will this work be sent unless the money is paid in advance.

This should pay postage as one newspaper.

VOL. III.—9

wrecked upon this point, as upon any other connected with the whole range of medical science.

With respect to the present case, my impression is, that there is no organic affection of the stomach. My reasons for coming to this conclusion are these. In the first place, the disease has lasted with more or less violence, for the last four years, and that without any remarkable increase. The cause which operated in giving rise to the gastric symptoms three or four years ago, and before the suspicion of organic disease could be entertained, is still in operation, or, in other words, there does not seem to be any recent modification of her ailment, any new change to destroy the identity between her past and present condition. In the next place, the very duration of the complaint is opposed to the idea of its being organic. Had it been organic, it would, in all probability, have terminated fatally before now; or, at least, it would have furnished unequivocal proofs of its existence. Scirrhus of the stomach seldom lasts for four years without exhibiting symptoms of its true nature. Again, the matter from her stomach was never tinged with blood, nor has it ever been of a black colour, or consisting of a substance resembling coffee-grounds. Now, I need not tell you, that where organic disease of the stomach produces erosion of its mucous coat, and actual loss of substance, there will be an oozing of blood from the eroded surface, and that this blood will be either thrown up unchanged and of its natural colour, or it may remain in the stomach until the fluids of that organ have acted on it, and then it will appear, when ejected, of a dark colour, and broken down so as to resemble coffee-grounds. In the next place, there is no remarkable epigastric tenderness, and during the paroxysms, the pain, instead of being increased, is diminished by pressure.

Lastly, the extreme acidity of the fluid ejected from the stomach, is more an indication of functional disorder than of organic disease. I do not lay much stress upon this point, but where a person who has been long subject to pain, nausea, and vomiting, throws up a fluid of an extremely acid taste, the disease is, in the majority of cases, functional. How are we to explain this? The acidity of fluid ejected from the stomach in any considerable quantity depends on derangement of the secreting surface of that organ. As long as the secretion of the sto-

mach is carried on in the natural way, it never becomes a source of annoyance; a certain quantity of acid gastric juice is poured out at certain periods in the day, and these periods correspond in the normal state with the times of taking food, or in other words, this acid juice is only poured out when it is necessary. But in states of deranged action, where the secretion is altered by functional disorder, the stomach pours out this acid juice in excessive quantity. You will find a patient affected in this way vomiting a fluid, which if it fell on powdered chalk or soda, would produce a brisk effervescence, in consequence of the large proportion of acetic and muriatic acid it contains. I have seen cases in which there was absolute corrosion of the teeth from frequent eructation of this extremely acid secretion.

It is clear, that the formation of acid in the stomach is merely the result of an alteration in its secreting powers, and not in consequence of any acetous fermentation of the ingesta. Now, this being the case, if the stomach be extensively diseased from disorganization, the consequence of scirrhus or cancerous ulceration, its secretions will be still further altered, and very frequently in such cases the products of secretion will not be so acid as they are in cases of functional disorder. Organic disease deranges the functions of the stomach so much, that the secretion of acid is more or less interrupted, and hence we do not find the fluid ejected so sour as it is in functional derangement. I, therefore, look upon the extreme acidity of the fluid thrown up by this woman, as connected with functional disturbance rather than actual disorganization.

I am aware that this opinion is somewhat different from that advanced by Dr. Osborne in the twenty-first number of the *Dublin Journal of Medicine*; Dr. Osborne seems to be of opinion that scirrhus and often cancer of the stomach are the results of functional disorder: there is nothing of which I am more convinced than that they are essentially different. I have known many persons afflicted for years, nay, for life, with the most aggravated form of *acid dyspepsia*, in whom no tendency to organic disease ever displayed itself. That the slow process to which is owing the gradual formation of scirrhus of the stomach will often occasion *acid indigestion*, long before the scirrhus is formed or has reached any degree of maturity, no one will deny. Dr. Osborne has

been anticipated in almost all the propositions he has advanced, by Dr. Prus, of Paris, in a book published several years ago, where the same means of averting scirrhus are recommended. I fear that neither Dr. Prus nor Dr. Osborne has as yet discovered this important secret. They certainly deserve our best thanks for the attention they have bestowed on the subject.

Acidity of the stomach is frequently, but not always, accompanied by gastrodynia or pain in the organ. In our patient, violent pain precedes the attacks of vomiting, and is occasionally present during the intervals. There is, however, no connection between pain and acidity of the stomach, for you frequently have severe gastrodynia in cases where the matter ejected has not the slightest acid taste. This is the case in pyrosis, where the fluid thrown up is quite limpid and tasteless. Here it is very probable that the fluid consists chiefly of the secretion of the pancreas.

In inquiring into the symptoms of which dyspeptic patients complain, you will find some with *weak stomachs and strong bowels*, while others have *strong stomachs and weak bowels*. The former complain of acidity, flatulence, distension and uneasiness of the stomach after meals, and have a capricious or indifferent appetite. They suffer much from eating certain articles, and are consequently obliged to be careful in the selection of their food. The digestion thus imperfectly performed in such cases by the stomach, is effected with more energy by the remaining portion of the intestinal canal, and hence the fecal mass is quite healthy, and contains no unused alimentary matter. In order to enable the bowels to perform more efficiently the supplemental digestion, so necessary where the principal agent, the stomach, has left so much undone, the alimentary mass is detained longer than natural in the intestinal tube. In such persons, costiveness or a slow action of the bowels, is essential for the more complete solution and absorption of the nutritive portion of food which the stomach had, as it were, neglected. If by means of medicine or diet you promote a quick action of the bowels, and a speedy defecation in such persons, you impair the supplemental digestion, and injure rather than serve your patients. In cases of this description we frequently observe, that although great disturbance of the stomach ensues after meals, yet there is little or no emaciation or loss of

strength; the sufferers are often of a robust, phlegmatic habit. The theory of digestion which attributed to the stomach the office of chymification,—a step necessary for the more advanced process of chylicification supposed to take place in the small intestine,—this theory will not explain the phenomena observed in the above cases, for nutrition must, according to this theory, be impaired exactly in proportion to the degree in which the stomachic digestion fails. Here, the theory of digestion which rests upon the authority of Tiedemann and Gmelin, comes opportunely to our aid. According to their experiments it appears that the nutritive efficiency of digestion depends on the solution and subsequent absorption of the soluble and nourishing portions of the alimentary mass. Now, *solution and absorption are performed by the whole extent of the alimentary canal*, but most energetically by the stomach and the cæcum or commencement of the large gut, which two parts are the chief secretors of the acid solvents. From this it follows, that when the stomach fails to perform the whole of its duty, its deficiencies may be supplied by the intestines. The history of intestinal fistulæ where the excrementitious matter is voided through an opening in the small intestines, proves that a man may live without the discharge of the functions which the large intestines are intended to perform on the alimentary mass. Again, those rarer cases of stomachic fistulæ which have been observed, almost suggest the possibility of life and nutrition being sustained, although imperfectly, without the aid of the stomach; for we cannot believe that this organ performs its functions with anything like natural energy, when it is placed in so unnatural a situation, and has suffered so much from previous disease and morbid alteration of structure. What is wanting in such cases to prove that nutrition may be carried on, nearly altogether independently of the stomach, is supplied by other organic diseases of that organ. Thus, in the case of *Napoleon Bonaparte*: the body was by no means wasted, on the contrary, there was a great accumulation of fat; “the fat was upwards of one inch thick over the sternum, and one inch and a half over the abdomen; upon opening the abdomen, the omentum was found remarkably fat, and on exposing the stomach, that viscus was found the seat of extensive disease; strong adhesions connected the whole superior surface, particu-

larly about the pyloric extremity to the concave surface of the left lobe of the liver, and on separating these, an ulcer, which penetrated the coats of the stomach, was discovered one inch from the pylorus, sufficient to allow the passage of the little finger. *The internal surface of the stomach in nearly its whole extent was a mass of cancerous disease, or scirrhus portions advancing to cancer; this was particularly noticed near the pylorus; the cardiac extremity, for a small space near the termination of the œsophagus, was the only part appearing in a healthy state.*"

Now, gentlemen, in this and similar cases, it is evident that no part of the digestive function had been performed by the stomach, probably for several weeks, or even longer before death, and yet the body was so sufficiently nourished by the supplemental action of the small intestines, that we are almost tempted to believe that if by a miracle, the cancerous mass including the whole stomach had been removed, and had been replaced by a portion of duodenum, the individual might have lived for a time! But to return to our subject—where the stomach is strong, but the intestines weak, there is generally an excellent appetite, and the patient is a great eater—he never suffers from distension of stomach, uneasy feelings, acidity, flatulence or heart-burn after meals, however he may have indulged; he boasts, and justly that nothing ever disagrees with his stomach. He is nevertheless lean and ill-thriven; the reason is because his bowels do not possess the same energy with the stomach, and consequently do not perform their part of the business of digestion well; this is evident from the frequent and sudden attacks of looseness to which such persons are liable; their discharges are irregular, but on the whole the quantity of matter evacuated *per anum* is much greater than it ought to be; they seldom pass solid healthy coloured stools—there is evidence of a hurried secretion of bile, and a too rapid passage of the alimentary mass through the intestines. The fæces are therefore during their occasional attacks of indigestion crude and semi-digested, and almost constantly fluid or semifluid; such persons have two or three bilious, loose motions every day, and generally enjoy in other respects tolerably good health.

Having pointed out these varieties of weak digestion, varieties which have scarcely been noticed by authors, but which nevertheless deserve especial attention, I shall conclude

by observing that the distinction between organic disease and functional disorder of the stomach is often attended with extreme difficulty, and is to be drawn not from any one symptom, but from an attentive consideration of the history of the case, and the effects of remedies.

I have seen cases of indigestion, vomiting and extreme emaciation continue for months after months, until every medical attendant of the patient believed that death from organic disease was at hand, and yet the patient perfectly recovered; on the other hand I have seen the *stomach ailment* trifling when organic disease was extensive. I am anxious to impress this upon your minds lest you may be misled by anything I have said in a previous part of the lecture, and lest you should think that I attach undue importance to any one symptom, as for instance, *the morbid secretion of acid by the stomach*. Dr. Osborne seems to look upon this rather as a symptom of commencing scirrhus; in this I cannot agree with him; probably we are both wrong; it probably cannot be relied on as characteristic either of functional disorder or of organic disease. —*Med. Times*, July 5, 1845.

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Illustration of Quackery.—M. MAL-GAIGNE relates the following anecdote in the life of Sabatier:

Sabatier, in his leisure moments, delighted to perambulate the public promenades, and took pleasure in stopping near those cure-mongers in full blast, who not enjoying then as now-a-days the advantages of newspapers, attracted their customers by the sound of trumpets and the beat of drum. One day Sabatier was looking at one of these gentry standing erect in a splendid coach with gilt panels, dressed entirely in scarlet, and who amazed the populace by his eloquence; when the orator, observing a grave person listening to him at a distance with his hands crossed on a large cane, made a sudden stop in his discourse. The charlatan was just boasting that he did not resemble his brethren;—they were men of little talent and of no science; but he himself was known to all the learned, whose approbation he had never failed to obtain. Observe, said he, suddenly, that old man now listening to me; any one can at once see that he is a student and a man of learning. I will con-

verse with him in the language of the learned, which is the Latin, and in two minutes I will bring him over to my doctrine. Then addressing Sabatier, who was in utter amazement, Sir, said he, I wish to submit to your consideration this proposition—*Vulgus decipi vult!* Very true, replied Sabatier, laughing and nodding his head; it is a truth established by every age. Well then, said the charlatan, in a triumphant tone, draw the conclusion from it yourself: *ergo decipiatur.*—*Journ. de Méd.*, June, 1845.

The Secrets of Homœopathy—Hahnemann and his System. By Dr. SCHUBERT, of Dramburg.—We hear it continually asserted that Hahnemann placed no confidence in the powers of nature in curing disease; but, from my intercourse with him, I am quite satisfied that no physician ever trusted more to the *vis medicatrix naturæ*. It requires, indeed, but very little reflection to enable us to perceive that it was through the closest acquaintance with the curative powers of nature that Hahnemann was led to adopt his new system of medicine. I have heard him declare that he looked with contempt upon medical practice, and he thought that a patient would be none the worse if left to himself. He had a thorough conviction that all curable diseases might, under proper attention to diet, be removed by the efforts of nature alone; he looked upon these as his sheet-anchor. On one occasion he said to me—"I give medicines but very seldom, although I always prescribe small powders! I do this for the sake of keeping up in the patient's mind the firm belief that each powder contains a particular dose of some medicine! Most patients will get well by adopting a simple mode of living, and by placing a boundless confidence in their medical attendants. Ordinary practitioners know nothing of this practically, although they are always talking of the healing powers of nature. If a patient recover under their treatment, they immediately ascribe it to the nauseous drugs which they have poured into him, although these commonly do more harm than good." He never hesitated to promise recovery to every patient without concerning himself about the nature of the malady; and I have seen some most ludicrous results follow these predictions. His plan was to demand for the cure, in the shape of a fee, a good round sum—one-half to be paid down—*unlimited confidence* in

his treatment—doses of sugar of milk, and a particular diet! The dieting, which simply consisted in the denial of all stimuli, he considered to be absolutely necessary in order to allow nature to have free play. *Unlimited confidence* in the treatment was his great support in carrying out this system; and he invariably insisted upon this from every patient, well knowing that it was the important secret of life and death in such cases. Further, he used to observe—"We must not attend patients for nothing, or let them have even a pennyworth of medicine gratuitously; the greater the sum paid for physic and physician, the greater is the confidence placed in both."—*Lond. Med. Gaz.*, from *Casper's Wöchenschrift*.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Treatment of the Insane.—Dr. EDWARD JARVIS, of Dorchester, Mass., has, we are informed, made arrangements to take into his family, a few quiet insane patients for custody or for recovery. The house which he occupies is delightfully situated, and his professional acquirements and agreeable manners render a place in his family a very desirable one for persons afflicted with mental disorders.

Hampden Sidney College.—The number of students in the medical department of this college, in Richmond, Va., during the session of 1844-45, was 71; of these 18 received the degree of M. D. at the commencement, March 10th, 1845.

New Books.—Several works of great merit have been published within the last month, among which we may notice a new edition of Watson's unequalled lectures on the practice of Medicine, with additions by Dr. Condie; the Anatomy and Diseases of the Breast, by Sir Astley Cooper, with the various surgical papers of the same illustrious surgeon, now first collected; a new edition of Ramsbotham's Obstetric Medicine and Surgery in reference to the process of Parturition; Towne's Elementary Chemistry, and Hoblyn's Dictionary of Medical Terms.

FOREIGN INTELLIGENCE.

Contagion of Typhoid Fever.—M. GAULTIER de Claubry, in a communication read before the Academy, endeavoured to prove, first, that typhus and typhoid fever (dothin-enteritis) are identical. Secondly, that typhoid fever, like typhus, is contagious. These propositions M. Gaultier de Claubry supported by numerous arguments drawn from his personal experience. He had within the last few years met with eight cases of undoubted contagion in his private practice, the patients being all in easy or wealthy circumstances. In concluding, he reminded the Academy that his views on this subject were also those of MM. Chomel, Louis, Andral, Moreau, Jolly, and many others.

M. ROCHOUX disagreed in every respect with M. Gaultier de Claubry. In his opinion, the diseases were perfectly distinct, differing in their causes, their symptoms, their pathological anatomy, and their treatment.—*Lancet*, July 19, 1845.

Epidemic among Children.—Dr. J. F. DUNCAN read before the Medical section of the British Association for the advancement of science, at their meeting in July last, a paper "On a peculiar form of epidemic observed amongst children in the winter of 1844-5 in Dublin."—The attack was ushered in by considerable fever, and after an interval of some days the gums were found to be partially ulcerated at the insertion of the teeth, the fangs being exposed; they became also swollen, red, and spongy, and exhibited a considerable tendency to bleed, insomuch that hæmoptoe occasionally resulted from this cause. The disease was very severe, and in most cases, either directly or in consequence of relapse, terminated fatally; it seemed to be a part of a deeper seated affection, namely, an enteritis of an extensive and severe kind. Its importance, in a pathological point of view, arose from the liability to confound it with that ulceration of the gums, which is the consequence of the administration of mercury.—*Athenæum*, July 26, 1845.

Vascularity of Tubercle.—Prof. FISHER read before the same section, a paper "On the Vascularity of Tubercle." The entire paper consisted of explanations of an extensive series of drawings of tubercular deposits taken from mesenteric, cervical, and bronchial glands; these drawings showed

traces of organization and the passing of the injection between portions of the masses: from their appearance Prof. Fisher concluded tubercle to be vascular, and submitted them as proofs for examination.

Dr. KINGSTON said that Dr. Fisher's observations in proof of the vascularity of scrofulous tubercle agreed with his own, published in the Transactions of the Medical and Chirurgical Society for 1837, and with those of M. Lugol some years afterwards. The reason that the vessels of tubercle are not always visible or capable of injection is, that they are extremely minute, and do not carry red blood, except when the part is inflamed or congested:—just as some of the vessels of even the natural pulmonary structure were found by Reisseissen to be too minute to admit even the finest injections.—*Ibid*.

Autoplastic Operations in Cancerous Disease.—M. BLANDIN presented to the Academy a woman on whom he had extirpated an inferior eyelid affected with cancer. The loss of substance thus occasioned was then remedied by a flap taken from the forehead. This operation he considered calculated to prevent the return of the cancerous disease. The operation was successful. The views of M. Blandin, with reference to the influence exercised by autoplasty in preventing the return of cancer, were supported by M. Roux and M. Berard.

M. GERDY stated that he was not a great friend to autoplastic operations, the result of which was seldom if ever satisfactory. In the case of M. Blandin, he thought the operation would have been more successful if the flap had been taken from the cheek. He did not believe that the healthy flap would so modify the parts as to prevent the return of the cancerous affection. Cancer returns either from some of the tissues affected having been left in the wound, or in virtue of a general predisposition, the essential nature of which is unknown, and which autoplasty does not remedy.—*Lancet*, July 12.

Marsh Miasma.—We have, during the last three years ("Annales for 1842, 1843, and 1844"), examined the progress of the important question raised by M. Boudin, concerning the relative rarity of phthisis pulmonalis and typhoid fever in localities possessing well-marked marshy characters. The Annuaire for 1844 contained a *résumé*

of the documents on this subject, furnished by Drs. Chassinat, Nepple, Pacoud, and Hahn, by M. Boudin himself, and finally by Dr. Lamothe, of Dax. We shall now proceed to point out, as succinctly as possible, the different essays published on this question during the year 1844.

In a pamphlet entitled *De l'Heureuse Influence de l'Atmosphère Marécageuse sur la Tuberculisation pulmonaire*, Dr. Tribe, of Nîmes, has published numerous new documents in favour of the medicinal action of marshy localities. M. Skilizzi, a physician at Aigues-Mortes (Bouches-du-Rhône), has pointed out the anti-tubercular immunity enjoyed by the custom-house officers, and certain workmen who pass their lives in the marshes surrounding that town. Dr. Santy, of Mèze, has also dwelt upon the fortunate influence which the marshy localities of Mèze, Bouzigues, Marseillan, and Balarue, exert on phthisis pulmonalis, as also on the increase of the proportion of phthisical patients in certain parts of that territory where the marshes have been drained. Dr. Isnard, of Grasse, has pointed out the frequency of phthisis in that town, which is exempt from intermittent fever, and its rarity in the neighbouring marshy locality of Cagnes.

Taking advantage of the medical topographies of Berlin and Dresden, recently published in Germany by Drs. Wolheim and Mayer, M. Boudin has shown the frequency and intensity of phthisis and typhoid fever, and the rarity of intermittent fevers in those two capitals. Employing the labours on medical statistics of the Russian and English physicians, he has shown that the conditions of geographic latitude which paralyze the pathogenic action of the marshes equally annihilate their preservative influence.—

(*Vide Journal de Médecine*, Feb., 1844.) Thus St. Petersburg in the north, and the Mauritius in the southern hemisphere, which, in spite of their marshes, are not subject to intermittent fevers, offer a large proportion of phthisical cases. Thus, according to Dr. Thielmann, the hospital St. Pierre and St. Paul, at St. Petersburg, received in 1840, 1046 cases of typhoid fever, 125 cases of pulmonary phthisis, and only 4 of intermittent fever, which came from the country. The Mauritius, at 20° from the equator, has not presented in twenty years, out of 38, 108 admissions into the hospital, more than 13 cases of intermittent fever, and on the other hand 2,250 cases of chest-disease.

M. Boudin also alludes to the absence of clavus in sheep, and of the cow-pox in cows, in the marshy districts of England and Holstein. He has pointed out the special tendency to tubercular phthisis in the negro, who, in his own country, at Sierra Leone, under the equator, dies of this disease; he has placed, in opposition to this morbid tendency of the negro, his immunity to the influence of marsh miasma—an immunity which is well known to the English military authorities, who employ their black regiments in the works which are carried on in marshy localities. He also insists on the relative infrequency of marsh-fevers in woman, and her greater aptitude to contract phthisis; and finally, availing himself of the statistical documents drawn from the bills of mortality of old London, he has shown this city, as representing in the sixteenth century, a vast marsh ravaged by intermittent fevers, and causing James the First and Cromwell to perish by pernicious fever. After having pointed out the gradual decrease of marsh-fever in London, as consequent on the progress made in breaking up the soil, and in paving, especially after the great fire in 1666, M. Boudin brings forward the increase in the proportion of phthisical cases, as stated by Heberden and Sir Gilbert Blane, the latter going so far as to consider every case of intermittent fever as imported from other localities.

Finally, Dr. Brunache has given, *en résumé*, an imposing ensemble of these numerous facts in an interesting work, entitled *La Phthisie Pulmonaire et la Fièvre Typhoïde, considérées dans leurs Rapports avec les Localités Marécageuses*.—BOUCHARDAT, *Annuaire de Thérapeutique* for 1845.

Œsophagotomy. By Dr. MARTINI.—N. swallowed a large piece of bone during dinner (19th of February, at noon). Notwithstanding repeated venesections, the bone could not be pushed into the stomach. After the injection of clysters of belladonna, attempts were made with levers and forceps, but without success. Injections of tartar emetic and œsophagotomy were both strongly objected to by the patient, who could only obtain relief by occasional injections of oil. On the 23d of February, the pain was so excruciating, that he declared himself ready to submit to any measure that was advised. Tartar emetic was then injected into a vein, at about 8 A. M.;

this excited such powerful vomiting, that clysters of water, vinegar, and, at last, of tincture of opium, became necessary. At 4 o'clock, P. M., œsophagotomy was performed. The bone being felt from without, above the clavicle, the throat was opened in that situation, and even during the performance of the operation, it was swallowed by the patient (a sign that he might have been saved, if it had been performed earlier). The operation was successfully terminated, a bandage applied, and cold water, with solution of lead, continually applied over the wound. On the 24th, he was very feverish; the next day the extremities became cold. On the 26th, at 2 A. M., there was singultus, and at 6 A. M., the patient's sufferings were terminated by death. The *autopsy* showed that the upper and middle parts of the pharynx were gangrenous, and the opening larger than it had been made by the knife. The lower end of the pharynx, the stomach, and duodenum were inflamed. The bone was already near the rectum.—*Med. Times*, from *Wurtember. Med. Correspondenzblatt*.

Splanchnic System of Nerves.—M. BOURGERY, in a memoir on this subject, read before the French Academy of Sciences, April 7th, 1845, gives the following as the result of his researches: 1st. That the so long contested opinion of the anastomosis from one side to the other of the cephalic extremity of the sympathetic nerve is solved affirmatively, but with a modification in their relation as interesting to physiologists as to anatomists. 2d. That instead of a single cephalic cord, there are two, a vertebral and a carotidean, which offer five modes of termination, to which are associated the cephalic nerves and the gland constituting the pituitary gland. In this mysterious anatomical conflict of the different nervous organs, grouped together in the central sphenoidal region of the base of the skull, their affinities, as far as can be judged, are equally numerous, whether they are studied separately, or in the union they form with each other by means of their anastomosis. 3d. That considered separately—(a)—the cephalic or supra-sphenoidal pituitary gland seems to be the organ by means of which union takes place, that is to say, between the psychological and instinctive nervous centres and the cephalic nerves, these forming the principal mode of communication with the great sympathetic, which connects

all the splanchnic nervous system. Besides the size of the pituitary gland being more considerable in the animal than in man, and the number of branches which this gland receives from the two lateral portions of the sympathetic, seems to prove that it belongs especially to the nervous system of organic life, and constitutes the central ganglionic cephalic mass—(b)—the sympathetic varies in its four modes of termination; the principal, or at least the most voluminous and which seems to be the union of the splanchnic nervous system with the encephalon, is effected in the pituitary gland. That which forms the two median plexuses constitutes the anastomosis or the outer union of the two lateral halves of the sympathetic. The apparent termination on the cerebral arteries may be considered rather as an origin, and is nothing but the visceral nervous system of the encephalon, united in its centre, like all the extra-visceral plexuses, by a central gland, which is here the pituitary, but like these plexuses, accompany the arteries with the branches of the sympathetic. The last termination of the sympathetic is its anastomosis with the extremities of the cephalic nerves.—(c) As to the cephalic nerves, the four last have as many anastomoses with the superior cervical ganglia as with the temporo-carotidean ganglia. The facial and the acoustic anastomose with the branches of these ganglia. The plexus of the first six cephalic ganglia presents as numerous anastomoses with the pituitary gland as with the sympathetic. Although the six cephalic ganglionic nerves, situated beside the *sinus cavernosus*, contribute to the formation of a common plexus, it is principally the trigeminus which produces this, it being the focus where the numerous gray filaments unite with each other. In this respect this nerve seems to be an annex to the sympathetic, intermediate between the two nervous systems (ganglionic and cerebro-spinal) and justifies by its structure as well as by its anatomical relations, the denomination of *small sympathetic*, given to it by some physiologists. 4th. That finally studied together, in their union, the three varieties of nervous organs situated in the supra-sphenoidal region offer seven species of anastomosis.—(a) On the same side from before backwards, the union, by means of the communicans, of the carotidean and vertebral nervous system—(b) from one side to the other, the six others take place on the mesial line.—*Med. Times*, May 3, 1845.